Results: Results showed significant change on all four WHOQOL-BREF domains after program participation, t's = 4.15 to 6.20, all p's <.001. Number of military deployments was marginally negatively associated with degree of improvement on the physical health domain (r = -.28, p < .10). Nondeployment during military service was marginally positively associated with increases on the social relationship domain (p < .10, t = -1.83).

Conclusions: Findings support the benefit of the Post Deployment Assessment and Treatment residential rehabilitation intervention for improvement of quality of life. Comprehensive rehabilitation efforts are important and can be helpful with Veterans who experience multiple comorbities.

Author(s) Disclosures: The authors report no relevant disclosures.

Keywords: Veterans, Rehabilitation, Traumatic Brain Injury, Posttraumatic Stress Disorder, Residential

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Late Breaking Research Poster 1828693

Patient Functional Assessment in IRF: FIM vs CMS GG over the Last 4 Fiscal Years

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Research Objectives: For nearly 20 years CMS required Inpatient rehabilitation facilities (IRF) providing care to Medicare beneficiaries to complete the IRF-PAI on patients for reimbursement of services which include the FIM instrument for the assessment of patient function and outcomes. In Oct 2016 CMS changed the IRF-PAI tool to include CMS-derived GG items which also assessed patient functioning, however, the items were not required for reimbursement. In Oct 2019 CMS required submission of GG items for medical reimbursement. The purpose of this study was to examine the implications of the changes that have transpired over the past five years. The objective is to compare Reliability and Consistency between the items of the FIM and the new CMS Section GG Functional Abilities items included in the IRF-PAI instrument from Fiscal Year 2017 to 2020.

Design: A retrospective cohort study using data from the Uniform Data System for Medical Rehabilitation (UDSMR): cases discharged in the Fiscal Year 2017 - 2020.

Setting: IRFs located in the US subscribing to UDSMR; roughly 85% of all IRFs in the nation subscribe to UDSMR for benchmarking reporting.

Participants: All Medicare cases for patients admitted in IRFs which are subscribers of UDSMR from the fiscal year 2016 to 2020

Interventions: Not applicable.

Main Outcome Measures: Rehabilitation-related outcomes were compared; included were: average admission FIM® and average discharge FIM®, 16 GG self-care and mobility items plus bladder and bowel at admission and discharge which are included on CMS IRF-PAI instrument, Impairment conditions, CMG, LOS, discharge location.

Results: Forthcoming; patient outcomes as measured by the FIM and CMS GG items will be provided and trends examined over time The completion rates for items at admission and discharge by year will be analyzed including the reliability and validity of the items. Results may have policy implications in addition to possible impacts at the facility and patient level.

Conclusions: Presently the use of the following codes: -, ^, 7, 8, 9, 10, and 88 at admission or discharge is re-coded to a value of 1 for all GG functional items (except toilet transfer where a value of 2 is assigned) for reporting purposes per CMS. A value of 1 indicates the lowest level of function, in essence complete dependence, patient is unable to perform activity.

CMS should reconsider assigning the value of 1 to patients with a code indicating the activity was not performed, as it is ultimately missing data and our analysis indicated the value of 1 may not be the most appropriate considering the discharge destination and the patient total length of stay in medical rehabilitation. Use of codes: -, ^, 7, 9, 10, 88 are missing values, where the patient's true level of functioning is unknown. This leads to uncertainty in the patient's true ability self-care and uncertainty regarding the most appropriate discharge setting to meet the patient's specific needs. Accuracy in assessment of patient's level of functioning is paramount in patient care and quality outcomes. CMS should consider removing the codes: -, ^, 7, 8, 9, 10 and 88 or advising clinicians to reserve use of the codes for the most atypical, rare exceptions.

Author(s) Disclosures: The authors declare that they have no relevant or material financial interests that relate to the research described in this poster

Keywords: Inpatient Medical Rehabilitation, Function, Outcomes, Completion

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Spaulding REhabilitation and COVid Recovery study (RECOVR): Preliminary Findings at 6 Months

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Research Objectives: To identify distinct post-acute COVID-19 phenotypes among adults hospitalized for severe SARS-CoV-2 infection and describe multidimensional outcomes at 6 months post-hospitalization.

Design: Prospective, longitudinal data collection in functional, physical, cognitive, and psychological domains at 3, 6, and 12 months post-hospitalization. Retrospective data collection from the acute care and post-acute care settings.

Setting: Acute care and post-acute telephone follow-up.

Participants: Spanish- and English-speaking adults, with decision-making capacity, admitted for inpatient rehabilitation following inpatient hospitalization for acute COVID-19 related illness (N = 52).

Interventions: N/A.

Main Outcome Measures: Physical, cognitive, and psychological symptoms; Self-reported employment status and assistance with ADLs.

Results: Median age was 60.96 (IQR = 20.89), with race/ethnicity representative of the US adult population (71% White; 13% Black; 27% Hispanic). Compared to premorbid status, 33% of individuals were no longer employed full-time and 23% were no longer independent in basic ADLs. Latent profile analysis identified distinct subgroups within physical, cognitive, and emotional domains of functioning. Approximately 31% were in either the moderately or most symptomatic groups for both cognitive and emotional functioning, with 88% of these also falling into the most symptomatic group for physical functioning. There were 29% in the least symptomatic group across all domains.

Conclusions: Persons with severe COVID-19 illness experience persistent functional limitations that interfere with employment and ADLs up to 6 months post-hospitalization. Although symptom variability is high at 6 months, we identified distinct subgroups, including those with co-occurring emotional and cognitive symptoms, that suggest the need for comprehensive assessment and tailored treatment for physical, emotional, and cognitive symptoms.

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Keywords: Post-Acute COVID-19, Recovery Of Function, COVID-19, Rehabilitation

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Late Breaking Research Poster 1828696

Six Minute Walk Test Changes during Long-Term Acute Care Hospital Rehabilitation for Patients Post COVID-19

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Research Objectives: To explore Six Minute Walk Test (6MWT) improvements in patients admitted to long-term acute care hospitals (LTACHs) for severe and prolonged SARS-Cov-2 illness (COVID-19).